



2001

Massachusetts
Department of
Revenue

Schedule CG

Combined Group Schedule

Attach this form to the front of your return. To be filed with each Combined Corporation Excise return, Form 355C.
For calendar year 2001 or taxable period beginning ending

Principal reporting corporation

Was this the principal reporting corporation last year? ☐ Yes ☐ No

If above is No, enter the name and Federal Identification number of the principal reporting corporation last year, if any

Street address of principal reporting corporation

City/Town

State

Zip

	a. Principal reporting corporation name	b. Affiliated/subsidiary corporation name	c. Affiliated/subsidiary corporation name	d. Affiliated/subsidiary corporation name	e. Totals
	Federal ID number	Federal ID number	Federal ID number	Federal ID number	
	Domestic <input type="checkbox"/> Foreign <input type="checkbox"/>	Domestic <input type="checkbox"/> Foreign <input type="checkbox"/>	Domestic <input type="checkbox"/> Foreign <input type="checkbox"/>	Domestic <input type="checkbox"/> Foreign <input type="checkbox"/>	

1 Total excise due (from line 20, Massachusetts Form 355C)

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2 Overpayment (from line 21, Massachusetts Form 355C)

Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

Estimated tax payments**3** First quarter

Date	Date	Date	Date	
Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

4 Second quarter

Date	Date	Date	Date	
Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

5 Third quarter

Date	Date	Date	Date	
Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

6 Fourth quarter

Date	Date	Date	Date	
Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

7 Amount paid with extension (from line 23, Massachusetts Form 355C)

Actual	Actual	Actual	Actual	Actual
Allocated	Allocated	Allocated	Allocated	Allocated

8 Amount paid with this return (from line 30, Massachusetts Form 355C)

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9 Amount to be credited or refunded

Credited	Credited	Credited	Credited	Credited
Refunded	Refunded	Refunded	Refunded	Refunded

Schedule CG Instructions

Schedule CG must be completed and filed with the return of the principal reporting corporation. Use the schedule to identify each affiliated corporation that participates in the filing of the Massachusetts combined return. Attach a copy of this schedule to the return of each affiliate or subsidiary corporation in the Massachusetts combined group.

The amounts in line 1 should reflect the non-income or minimum excise for each affiliated or subsidiary corporation. The amount in line 1 for the princi-

pal reporting corporation should reflect the sum of its non-income excise and the combined income excise. In lines 3–6 enter the date the actual payment was made. In line 9, enter any overpayment and specify the amount to be credited and the amount to be refunded.

Note: Each company must still make estimated tax payments if its estimated tax for the taxable year can reasonably be expected to exceed \$1,000.